

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002264

XX DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. 13

FILED JAN 28 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
0535				
0535				
3				
4 1				
5 2				
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7 0				
8 0				
9481X				
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11				
12 70-2				
13 1-0				

USE BLACK INK

OR

TYPEWRITER RIBBON

SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon		Length of stay in 1b 5 months	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 354 Taylor		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Mary Etta Digby		4. DATE OF DEATH Month January Day 10 Year 1963	
5. SEX Female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/16/82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY none	
11. BIRTHPLACE (City and state or country) Laclede Co., Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Joseph Hough		13b. MOTHER'S MAIDEN NAME Nellie Claighorn	
14. NAME OF HUSBAND OR WIFE Fred Digby (Deceased)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT Mrs. James Loney, Lebanon, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction DUE TO (b) Asian Influenza DUE TO (c) 5 days Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 1 hour	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from May 19, 1962 to Jan. 10, 1963 and last saw her/him alive on Jan. 9, 1963 Death occurred at 6:20 a m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree and title) Dr. Bohrer, D. O.		22b. ADDRESS 117 N. Jeff. - Lebanon, Missouri	
22c. DATE SIGNED 1-11-1963		23a. BURIAL, CREMATION, REMOVAL (Specify) burial	
23b. DATE 1-13-63		23c. NAME OF CEMETERY OR CREMATORY Lebanon Cemetery	
23d. LOCATION (City, town, or county) Lebanon, Laclede Co. Missouri		24. FUNERAL DIRECTOR Shadel Funeral Home -- Lebanon, Missouri	
25. DATE REC'D. BY LOCAL REG. 1-12-1963		26. REGISTRAR'S SIGNATURE Hella L. May	

(Licensed Embalmer's Statement on Reverse Side)

STATE OF MISSISSIPPI

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2280

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STATEMENT BY LICENSED EMBALMER

6-89

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Brie A. Abbott

Licensed Embalmer No. 5115

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.